

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. Wood
State File No. 40411
Registrar's No. 2064

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 2064	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		0376	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2142 College</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Leonard</u>		c. (Last) <u>Troutman</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>31,</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 15, 1931</u>	
9. AGE (In years last birthday) <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home & Army</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Troutman</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Woolsey</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>K.W.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Ringstaff</u>		ADDRESS <u>Spfld, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fat. embolus, cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture, femur, right.</u> DUE TO (c) <u>Possible intraabdominal injury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Complete asphyxia, cause undetermined.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>22 hours</u> <u>11/31</u>	
19a. DATE OF OPERATION <u>12/31/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture right femur. Fracture brow.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Home</u>		21b. PLACE OF INJURY (e.g., home, factory, street, office, etc.) <u>Highway #123</u>		21c. (CITY, TOWN OR TOWNSHIP) <u>NEAR Road Charleston, Mo.</u>		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 31 50 12:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>			
22. I hereby certify that I attended the deceased from <u>12/31, 1950</u> , to <u>12/31, 1950</u> , that I last saw the deceased alive on <u>12/31, 1950</u> , and that death occurred at <u>11:30 pm</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>William Wood, M.D.</u>				23b. ADDRESS <u>205 St Louis St. Spfld</u>		23c. DATE SIGNED <u>1/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-4-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 1 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 47934

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.